

**Jones County Building Inspections Department**  
**418-A Hwy 58 N. / P.O. Box 26**  
**Trenton, NC 28585**  
**Phone: 252-448-1221 Fax: 252-448-1072**

## Demolition Permit Application

**Please complete application thoroughly.**

**Applicant Name** \_\_\_\_\_ **Application Date** \_\_\_\_\_

Applicant Represents ( ) Owner ( ) Contractor

**Property Owner** \_\_\_\_\_

**Property Owner's Address** \_\_\_\_\_  
Street City State Zip

**\*\*Contractor's Name & License #** \_\_\_\_\_ **Lic#** \_\_\_\_\_

**Contractor's telephone #** \_\_\_\_\_

**Contractor's Address** \_\_\_\_\_  
Street City State Zip

**Address of Building to be Demolished** \_\_\_\_\_

**Type of Demolition** ( ) Residential Dwelling ( ) Commercial ( ) Interior Only

**If Limited Demolition, List Areas** \_\_\_\_\_

**Total Square Footage of Building** \_\_\_\_\_ **Number of Stories** \_\_\_\_\_ **Max. Height of Structure** \_\_\_\_\_

**Total Cost of Demolition \$** \_\_\_\_\_ **Debris to be disposed of:** ( ) Landfill ( ) Refuse Container onsite

**Additional Information** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* Contractor is responsible for obtaining all insurances.**

**\*\* Contractor is to provide a "before" photograph of Structure from Front and Rear prior to demolition.**

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**Demolition Permit Application Agency Approvals**

Please have the following releases completed by an employee or agent of the associated utility.

**NORTH CAROLINA NATURAL GAS CORPORATION** (Submit attached form, or stop service online at [www.piedmontng.com](http://www.piedmontng.com) and confirm by email to [inspector@jonescountync.gov](mailto:inspector@jonescountync.gov))

**ELECTRIC UTILITY**

Electrical Utility Company \_\_\_\_\_

We certify that all electrical utilities have been removed from:

Service Address \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**WATER/SEWER UTILITY**

We certify that all water/sewer utilities have been capped or removed from:

Service Address \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**If a septic tank is to be abandoned, it is necessary to pump it and dispose of its contents properly.**

**UNDERGROUND STORAGE TANKS:**

Are underground storage tanks located on the property? ( ) Yes ( ) No

Are they to be removed? ( ) Yes ( ) No

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**ASBESTOS REGULATIONS**

The EPA's national emission standards for hazardous air pollutants (NESHAP) required an asbestos inspection ten (10) working days notification prior to the demolition and renovating of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units. The NESHAP requirement also applies to the demolition of all residences being demolished for commercial, institutional, or industrial purposes. Notification for all demolition is required whether or not the buildings are found to contain asbestos.

Please contact the agency listed below for notification or additional information:

**NC State Department of Health and Human Services**  
**Division of Epidemiology**  
**Health Hazards Control Branch**  
**PO Box 29601**  
**Raleigh, NC 27626-0601**  
**Phone 919-707-5950 Fax 919-733-8492**

Contractor agrees to call NC One Call @ 1-800-632-4949 prior to any demolition or excavation work, so that gas utilities can be located within private easements and public right of ways.

Signature \_\_\_\_\_

I certify that all information in this application is correct and all work will comply with the state building codes and all other laws, ordinances and regulations. I also certify that I am familiar with and agree to comply with all laws regarding asbestos removal, agency notification and abatement. I understand and will comply with the proper disposal of debris as well as leaving the site in compliance set by County of Jones, and North Carolina.

Contractor/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Inspections Department Approval \_\_\_\_\_ Date \_\_\_\_\_

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**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**  
**N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ Officer/Agent of the Contractor or Owner

Does hereby certify under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth at the location stated in the permit:

\_\_\_\_\_ has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) and have obtained worker's compensation insurance covering them,

\_\_\_\_\_ has/have one or more contractor(s), who has/have their own policy of workmen's compensation covering themselves,

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_